Case 1.13-cv-00077-DPM Document 2 Filed 08/26/13 Page 1 of 23

IN THE UNITED STATES DISTRICT COURT

EASTERN DISTRICT OF ARKANSAS

3

AUG 26 2013

# FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT FILED UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. Sec. 1983 U.S. DISTRICT ARKANSAS

		Thir	<b>D</b>	DIVISION	JAMES W. McCC By:	DRMACK, CLERK
KARLE	3ERN	IARN CART	ER	ADC :	# 099771	DEP CLERK
		ne full name oplaintiffs, i				
V.				CASE NO	1:13-0V-77	DPM/JTR
CHEFTON	v Jon	IES, RANDY FE	RRETTE,	•	1.4	archall
<u>ns. Hur</u>	VT)	DR. BISHO!		s case <mark>assig</mark> n	ed to District Judge M	Warun
NURSE	SHE	LRY.	and	to Magistrate	e Judge	<u>Kay</u>
		ne f <u>ull n</u> ame o				$\mathcal{I}$
defendant this actio		efendants, in	I am suing	THE DEFEN	DANTS IN:	
. Prev	ious I	Lawsuits M	BOTH Offic	IAI AND P	ersonal Capacity	<b>/</b>
Α.	Have	you begun ot	her lawsuit	s in stat	e or federal cour ed in this action	t
•	Yes _	No	_	•		
В.	the desc	space below.	(If there itional la	e is more wsuits or	e each lawsuit i than one lawsuit a another piece	,
	1.	Parties to t	his lawsuit	=		
	, <sub>K</sub>	Plaintiffs:	:		· · · · · · · · · · · · · · · · · · ·	•
						· .
	X	Defendants:				
	•					
	2.	Court (lf fed court, name t		name the	e district; if sta	it
					•	•

		3. Docket Number:
		4. Name of Judge to whom case was assigned
		5. Disposition (for example: Was the case dismissed was it appealed? Is it still pending?):
		6. Approximate date of filing lawsuit:
		7. Approximate date of disposition:
II.	Place	of present Confinement: NORTH CENTRAL UNIT
III.	The Depa	e is a prisoner grievance procedure in the Arkansas tment of Correction. Failure to complete the grievance dure may affect your case in federal court.
	A.	Did you present the facts relating to your complain in the state prisoner grievance procedure?
		Yes No
	В.	If your answer is YES, Attach copies evidencing completion of the final step of the grievance appeal procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.
	c.	If your answer is NO, explain why not:
IV.	plac	tem A below, place your name in the first blank and your present address in the second blank. Do the for additional plaintiffs, if any.)
	A.	Name of plaintiff: KARL BERNARD CARTER
		Address: NORTH CENTRAL UNIT 10 PRISON CIRCLE CALICO ROCK, AR. 72159
	•	Name of plaintiff:
		Address:
i		Name of plaintiff:
	•	Address:



the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)
Defendant: Cliffton Jones
Position: NURSE PRACTITION
Place of employment: SHE WAS FIRED , UNKNOWN
Address: UNKNOWN
Defendant: RANDY FERRETTE
Position: ADMINISTRATOR OF HEALTH DEPARTMENT
Place of employment: NORTH CENTRAL UNIT
Address: 10 PRISON CIRCLE, CALICO ROCK, AR. 72519
Defendant: NURSE HUNT
Position: LRN.
Place of employment: SHE WERE FORCED TO RETURE
Address: UNKNOWN
Defendant: NURSE SEVERY
Position: LAB DEPARTMENT
Place of employment: TRANSFERED TO CUMMENS UNIT
Address: UNKNOWN
Defendant: DOCTOR MICHELLE BISHOP
Position: <u>Doctor</u>
Place of employment: NORTH CENTRAL UNIT
Address: ()NKNOWN



#### ٧. Statement of Claim

here as briefly as possible the facts of your case. Describe how each defendant is involved. also the names of other persons involved, dates, and places. not give any legal arguments or cite any cases If you intend to allege a number number and set forth each claim in of related a separate paragraph. (Use as much space as you need. Attach extra sheets If necessary.)

- 1) ON 5-5-12, ATNORTH CENTRAL UNITS MEDICAL DEPARTMENT Practitioner, Cliffton Jones entered into the comis FAISE information, which shows falsifying medical documents, and deliberate Indefferance to my sérious medical Conditions. grievance #NC-12-0023 is with merit.
- 2) on 9-21-12, RANDY FERRETTE, gave False information on a response of a grievance That I submitted, stating that I do NOT Trust North Central medical Staff, because of talsifxing medical documents. ON grievance NC-1200400 RANDY FERRETTE gave false information to Chief DEPUTY DIRECTOR, WENDY KELLY To delay, and devilone the the proper exams. ATNORTH CENTRALUNIT 9rieVANCE NC-1200'476 Shows STRICT PROOF VI. Relief

State briefly exactly what YOU want the court to do for YOU.

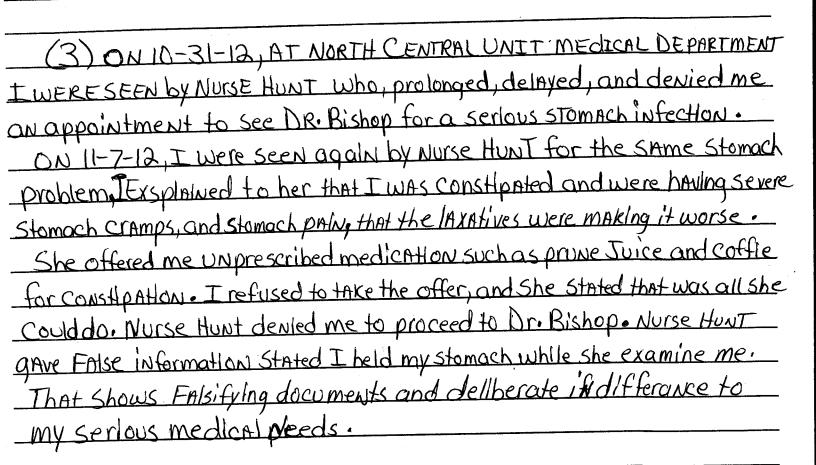
Make no legal arguments. Cite no cases or statutes.

(1) I pray That The Court would order the A.D.C. Director to transfer me to another Facility, because of you willful actions resulting racial discrimination, and retallation of the North Central medical department and that I may have been concented a drug to assult or Battery.

(2) grant the plaintiff compersentery punitive and normal damages in the amount OF \$20.000 per defendant for the violatations of the plaintiffs rights of ATOTAL OF \$100.000,

I declare under penalty of perjury (18 U. S. C. § 1621 that the foregoing is true and correct.

of,20	
Signature(s) of plaintiff(s)	
	Signature(s) of plaintiff(s)



(4) On 11-9-12, at North Central medical depart ment, I Entered the Medical department as a emergency walk in for sharp Closest pain and Stomach pain. I were seen by NHTSE server who drew blood and Say she took it to a Clinic Near by, in a town of Calico Rock to be tested. Aurse Shelby returned less than 30 minutes and Stated that blood lab results for stomach was neglitive for desease and stomach infection. Which were false. Nurse shelby Never gave me documentation of the lab results, nor Entered it in the Eomis, which the Camera should have Caught when she drawn the blood, which Shows Falifying documents and deliberate indifferance to my Serious medical Needs.

PAGE 5
Case 1:13-cv-00077-DPM Document 2 Filed 08/26/13 Page 6 of 23 ) ON-11-29-12 at NORTH CENTRAL UNIT MEDICAL DEPART MENT I SAW DR. Bishop for A serious Stomach problem. I exsplained to DR Bishop that I had been seen at a numerous of times at sick calls for thes Stomach problem, and where said by ms. Hunt I had no medical problem. That I had been given LAXAtives, milk of magnesta and ducusate CAPS for over 30 days. DR. Rishop orded me pepto-Diotame TAblets to take and Tums for gas. She stated that If I did not feel better in ONE WEEK to follow up for further evaluation, bookin Bishop FAIL, The Follow me up with an appointment which were 12-5-12 and on 12-12-12 I were transfered to another UNIT, TUCKER, and there arcomplained about my stomach problem up on arrival, And were tested positive with Toxioni Antigen stomach infection.

Dr. Bishop, Showed deliberate Indifference to my serious medical need by not following up on appointment she made, Plantiff request that the court Clerk send him a copy of Complaint Claim

### CALCULATION OF INITIAL PAYMENT OF FILING FEE

(To be Completed by the Institution of Incarceration)

PLAINTIFF:	KARL CARter	
ADC NUMB	er: <u>09977</u>	
FEDERAL C	OURT CASE NUMBER (IF KNOWN):	
	Total deposits for last six (6) months:	\$ 50.00
	Average monthly deposit (total deposits divided by 6):	\$ 8.33
	Total balances for last six (6) months:	\$0.10
	Average monthly balance: (Total balances divided by 6)	\$ 0.02
	Current account balance:	\$ 0.00
	Initial payment of filing fee as of 7-8-20/3:	s/.67
	(The greater of the average monthly deposit Or the average monthly balance x .20)	
DATE: 7-8	2013 AUTHORIZED OFFICIAL Butans	( at

(NO FILING FEE SHALL BE IN EXCESS OF \$350 FOR A CIVIL LAWSUIT OR \$455 FOR AN APPEAL)



800-4

STATE OF ARKANSAS )
COUNTY OF <u>TZARD</u>
<u>AFFIDAVIT</u>
I, KAN CAYLEY, after first being duly sworn, do hereby swear, depose
and state that: ON this SWORN AffldAvit, I did file A Complate to
The UNITED STATES District Court for The EASTERN DISTRICT OF
Arkansus on this signed Affidavit by Notary Public and dated.
That Cliffton Jones, RANDY FERRETTE, MS HUNT, DR. BIShop
and Nurse Shelby be served Under the Civil Rights act, 42
U.S.A. Sec. 1983, In the United States District Court
EASHERN DISTARCE OF ARKANSOS A
L.C. all and a state of the second and things contained haroin are true and accurate to
I further swear that the statements, matters and things contained herein are true and accurate to
the best of my knowledge, information and belief.
8-2-13 Hal Cott Comm. FXP COMM. FXP COMM. FXP COMM. FXP COMM. FXP
DATE AFFIANT 11-18-2020 2
09977/ ★No. 12379960:★
SOCIAL SECURITY # COUNTY . COU
SUBSCRIBED AND SWORN TO BEFORE ME, a Notary Public, on this day of the control of the cont
Hogost , 2013. Attack Eugen Thomas
NOTARY PUBLIC  My Commission Expires: //-18-2020
IVIV COMMISSION EXDITES: // LO C C

	nt <b>205</b> led 08/26/13	Page 9 of 23 FOR OFFICE USE ONLY
UNIT LEVEL GRIEVANCE FORM (Attachment I) Unit/Center N.C.().	Received	GRV. # NC-12-09230
Name KAN CARter		Date Received: 5/29/12
ADC# 9977 Brks # 4 Job Assignm	MAY 2 9 2012	GRV. Code #: 600
	Grievance	
5-21-12 (Date) STEP ONE: Informal Resolution	Office	
If the issue was not resolved during Step    Tell the truth about perf   (Date) EMERGENCY GRIEVANCE (An emer   a substantial risk of physical harm; emergency grievances nature). If you marked yes, give this completed form to th   attached emergency receipt. If an Emergency, state why:	One, state why: <u>Reco</u> Sorwing physica gency situation is one in are not for ordinary prob	LUSE She did not id not which you may be subject to blems that are not of a serious
Is this Grievance concerning Medical or Mental Health Se  BRIEFLY state your one complaint/concern and be specified involved and how you were affected. (Please Print): ON  MS. Cliffon Jones, and which time She  exzamination, at which time She nev  chav. I later learn from Bernald L  of what Deviese Cliffon Jones enter  the infermation that was intered was from the infermation that was intered was from the state of the property of the second of the property o	ic as to the complaint, d 15-15-12 I e Claim that she en left her Cho williams the infe red in to comis ise, there fore the difference to my professionals the	late, place, name of personnel SAW Practitioner e preform an ur some five feet ermery manneger at which time ne medical docomination medical Conditions.
v o o-A-	<i>m</i> 11	1-16
Kal Cal	5-21 Date	1-12
Inmate Signature  If you are harmed/threatened because of your use of the grieve		
THIS SECTION TO BE FILE  This form was received on 5-21-12 (date), and determined the person in that department receiving this form:  The person in that department receiving	Inmate Signature & Dastep Two. Is it an Emer	ONLY and/or an Emergency Grievance S (Yes) or No). If yes, name Date 5-21-12 Date Received  The production was a part - 3 - Bishop  ate Received 5-25-12 gency? (Yes or No). Date: Other) Date:

CMS GRIEVANCE RESPONSE Case 1:13-cv-00077-DPM Document 2 Filed 08/26/13 Page 10 of 23 Page 1 of 2

IGTT420 3GH

Attachment IV

INMATE NAME: Carter, Karl B.

ADC #: 099771E

GRIEVANCE #: NC-12-00230

#### HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

#### Code 603

On 5/15/12 I saw practitioner Ms. Cliffton Jones and which time she claim that she preform an exzamination, at which time she never left her chair some five feet away. I later learn from Bernard Williams the imfermery maneger of what Deniese Cliffton Jones entered into eomis at which time the infermation that was intered was false, therefore the medical docomintation was falseafide. This shows deliverate indifference to my medical conditions. Therefore how can you trust the medical professionals that are aloud to falesafy medical records for self gradification.

Response:

Administrative staff has investigated and addressed your complaint.

This grievance is with merit.

hfuntte, RN (HSA) Signature of Health Services Administrator/Mental Health

Supervisor or Designee

6/18/12

Date

#### **INMATE'S APPEAL**

If you are not satisfied with this response, you may appeal this decision within five working days by filling in the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not list additional issues which were not part of your original grievance as they will not be addressed. Your appeal statement is limited to what you write in the space provided below.

WHY DO YOU DISAGREE WITH THE RESPONSE GIVEN ABOVE?

· Because Mrs. Cliffon Jones entered false a Alde medical do comintations in to comis. And that shows deliverate indifference to my medical conditions.

UNIT LEVEL GRAF VANCE FORM (Attachment I) Unit/Center / U.C.C. AND	age 11 of 23 /3
Unit/Center / Wall A 2019	FOR OFFICE USE ONLY
Name Karl Carler	GRV. # NC-12-00476
ADC# 09977/ Brks # 12 Job Assignment Office	Date Received: 11/14/12
11/13-12 (Date) STEP ONE: Informal Resolution	GRV. Code #:
	1.6 . 1 1 11 11 6 11 \
(Date) STEP TWO: Formal Grievance (All complaints/concerns should lift the issue was not resolved during Step One, state why: Because the issue was not resolved during Step One, state why: Because the issue was not resolved during Step One, state why: Because the issue was not resolved during Step One, state why: Because the issue was not resolved during Step One, state why: Laborated Problem-solved Step One, state Why: Laborated Pr	SE N.C. U. meclical department with any trust in staff at N.C. U. which you may be subject to blems that are not of a serious
Is this Grievance concerning Medical or Mental Health Services? Yes If yes, c	ircle one: medical or mental
involved and how you were affected. (Please Print): + fourth and or specific as to the complaint, or involved and how you were affected.	late, place, name of personnel
- MIT NYCO MEDICAL DEDAT MENT HOLM /1/1/4 KONDIN FORM HI	Mes May look to autiliant
ment, staying that there is Nothing in my medical record to invicce	te that any medical
dated ON 5-15-12 which is also false, because I have a regiment	NC-12-00220 when
Haministrator Randy Ferrette signed with resonuse Stating that	Administration stoff
MD INVESTOR BEED and addressed my complaint that this antiquence	e is with morte
Therefore iNi C. U. medical department must be trying to conceal from the comis, and have gliding False information and a greek	talse afred decimente
100 000. Therefore this shows deliverate In difference to my m	noderal Constally lower
and with my prost of Documentation, this greenere is with	unent.
11111	
Kul Cat 11-13-1	2
Inmate Signature  If you are harmed/threatened because of your use of the grievance process, report it is	2
If you are harmed/threatened because of your use of the grievance process, report it imports THIS SECTION TO BE FILLED OUT BY STAFF	2 nediately to the Warden or designee. ONLV
If you are harmed/threatened because of your use of the grievance process, report it imports it imports are form was received on 11-13-12 (date), and determined to be Step Once	ONLY
If you are harmed/threatened because of your use of the grievance process, report it imports it imports are form was received on 1/-/3-/2 (date), and determined to be Step One of the grievance process, report it imports from was received on 1/-/3-/2 (date), and determined to be Step One of the grievance process, report it imports from was received on 1/-/3-/2 (date). This form was forwarded to medical or mental health?	ONLY and/or an Emergency Grievance Yes or Ne). If yes, name
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If you are harmed/threatened because of your use of the grievance process, report it imports it imports that the second of the person in that department receiving this form.  If you are harmed/threatened because of your use of the grievance process, report it imports that the second of the person in that department receiving this form.  If you are harmed/threatened because of your use of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports that the second of the grievance process, report it imports the grievance process, report it imports the second of the grievance process, report it imports the grievance process the g	ONLY and/or an Emergency Grievance  Yes pr Ns). If yes, name Date (-13.12
If you are harmed/threatened because of your use of the grievance process, report it imports that the second of the grievance process, report it imports from was received on 1/-/3-/2 (date), and determined to be Step Once (Yes or No). This form was forwarded to medical or mental health?  Of the person in that department receiving this form.  PRINT STAFF NAME (PROBLEM SOLVER) ID Number Staff Senature	ONLY and/or an Emergency Grievance  Yes pr Ns). If yes, name Date (-13.12
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THIS SECTION TO BE FILLED OUT BY STAFF  This form was received on 1-13-12 (date), and determined to be Step Once  (Ye) or No). This form was forwarded to medical or mental health?  of the person in that department receiving this form.  PRINT STAFF NAME (PROBLEM SOLVER) ID Number  Describe action taken to resolve complaint, including dates:    Print STAFF NAME (PROBLEM SOLVER)   ID Number   Staff Signature	ONLY and/or an Emergency Grievance  Yes or No). If yes, name Date //-/3-/2  Date Received  Date Received  Proceived  Date Received  Proceived  Date Received  Date Received  Date Received  Date Received  Date Received  Date Received  Date: ARKANSAS DEPARTIMENT
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Attachment V

T430 D

ADC #: 099771

GRIEVANCE#:NC-12-00476

November 13, 2012, you grieve that Randy Ferretti found NC-12-00400 without merit stating there was nothing in your medical record to indicate your records had been falsified. You complain that he found the nothing in your medical record to indicate your records had been falsified. INMATE NAME: Carter, Karl B. November 13, 2012, you grieve that Randy Ferretti tound NC-12-00400 without merit stating there was nothing in your medical record to indicate your records had been falsified. You complain that he found the arrivance you submitted complaining that Ms. Jones did not perform a physical examination and the grievance you submitted complaining that Ms. Jones did not perform a physical examination and the grievance you submitted complaining that Ms. Jones did not perform a physical examination and the grievance your submitted complaining that Ms. Jones did not perform a physical examination and the grievance your submitted complaining that Ms. Jones did not perform a physical examination and the grievance your submitted complaining that Ms. Jones did not perform a physical examination and the grievance your submitted complaining that Ms. Jones did not perform a physical examination and the grievance your submitted complaining that Ms. Jones did not perform a physical examination and the grievance your submitted complaining that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical examination that Ms. Jones did not perform a physical nothing in your medical record to indicate your records had been faisitied. You complain that he found grievance you submitted complaining that Ms. Jones did not perform a physical examination and the grievance you submitted complaining that Ms. Jones did not perform a physical examination was false with marit (NC-12-00230). You claim this makes Mr. Figure 12-00230). grievance you submitted complaining that Ms. Jones did not perform a physical examination and the information she entered into eOMIS was false with merit (NC-12-00230). You claim this makes Mr. Ferretti's information she entered into eOMIS was false with merit (NC-12-00230). You claim this makes Mr. Ferretti's information she entered into eOMIS was false with merit (NC-12-00230).

information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this make information sne entered into eumis was raise with merit (NC-12-00230). You claim this entered into eumis was raise with merit (NC-12-00230). You claim this entered into eumis was raise with merit (NC-12-00230). You claim this entered into eumis entered into eumis entered into eumis entered into eumis entered e

The medical department responded, "Per policy all grievances are to be filed within 15 days of occurrence. The date on grievance NCII-12-0230 is dated 5/29/12. The employee that you continue to make reference to have date on grievance NCII-12-0230 is dated 5/29/12. The medical department responded, "per policy all grievances are to be filed within 15 days of occurrence. Ine date on grievance NCU-12-0230 is dated 5/29/12. The employee, that you continue to make reference to, has not been employed by Corizon in 6 months. All of your medical complaints have been addressed in a timely not been employed by Corizon in 6 months. date on grievance NCU-12-0230 is dated 5/29/12. The employee, that you continue to make reference to, Re not been employed by Corizon in 6 months. All of your medical complaints have been addressed in a timely not been employed by Corizon in 6 months. All of your medical encounters are in FOMIS. Please he manner All of your treatment has been appropriate. All of your treatment has been appropriate. not been employed by Corizon in 6 months. All of your medical complaints have been addressed in a timely manner. All of your treatment has been appropriate. All of your medical encounters are in EOMIS. Please be manner. All of your treatment has been appropriate. All of your medical encounters are in EOMIS. Please be manner. All of your treatment has been appropriate. All of your treatment has been appropriate. All of your medical encounters are in EOMIS. Please be manner. All of your treatment has been appropriate. All of your medical encounters are in EOMIS. Please be manner. All of your treatment has been appropriate. All of your medical encounters are in EOMIS. Please be manner. All of your treatment has been appropriate. All of your medical encounters are in EOMIS. manner. All of your treatment has been appropriate. All of your medical encounters are in EUMIS. Please be assured that all of Corizon staff is educated, licensed and trained in their capacities to provide medical chaff. This treatment please he assured that your medical treatment is of the utmost importance to the medical treatment. assured that all of Corizon staff is educated, licensed and trained in their capacities to provide medical care and treatment. Please be assured that your medical treatment is of the utmost importance to the medical staff. This treatment. Please be assured that your medical treatment is five to six months in the past " treatment. Please be assured that your medical treatment is of the utmost importance to the mitorian that your medical treatment is of the utmost importance to the medical treatment is of the utmost importance to the medical treatment is of the utmost importance to the medical treatment is of the utmost importance to the medical treatment is of the utmost importance to the medical treatment is of the utmost importance to the medical treatment is of the utmost importance to the mitorian treatment is of the utmost importance to the medical treatment is of the utmost importance to the medical treatment is of the utmost importance to the utmost importance to the medical treatment is of the utmost importance to the u

Mr. Ferretti responded to NC12-00400 on September 13, 2012, and you submitted this grievance two months later. You failed to follow the grievance policy and your grievance should have been rejected. I will not address Mr. Ferretti responded to NC12-00400 on September 13, 2012, and you submitted this grievance two months later. You failed to follow the grievance policy and your grievance hy nolicy: therefore, I find this anneal the merits of your anneal as it was filed nast the time frame allowed by nolicy: later. You failed to follow the grievance policy and your grievance should have been rejected. I will not address the merits of your appeal as it was filed past the time frame allowed by policy; therefore, I find this appeal without merit.

without merit.

Director

D. 70 1 of 1

Name Kerl Carlet  Name Kerl Carlet  ADC# O 99711 Brks # 12 Job Assignment Hill State  Gev Note 12 -004/7/  John STEP TWO: Formal Grievance (All complaints/concerns should first be handled informally.)  If the issue was not resolved during Step One, state why Recause Tan having to keep undirected the state of the sta	UNIT LEVEL GREEVANCE FORM (Attachment I)	nt 2 Filed 08/26/13 F	Page 13 of 23
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Attachment VI

INMATE NAME: Carter, Karl B.

ADC #: 099771

GRIEVANCE#:NC-12-00477

November 12, 2012, you grieved that you are suffering from constipation from taking the medication Tramadol. You complain you saw Ms. Hunt in sick call but need to see Dr. Bishop again for this problem.

The medical department responded, "The medical department responded, "You were seen at sick call on 10/31/12 for the complaint that the medication Tramadol was causing constipation. You had been on the medication, Tramadol for 30 days and this was the first complaint of constipation. Your examination was normal, you had normal bowel sounds with no nausea, vomiting or fever. It is documented that you held your abdomen tight during the examination. Further documentation reads that you refused the protocol treatment of Bisacodyl and Colace. You reported that a nurse had already given you the Docusate and Bisacodyl the previous evening, but there was no documentation of your having been given the medications. You were offered prune juice as a natural approach to treating constipation. You also refused the offer of prune juice. You were instructed to return if no bowel movement in 3 to 4 days, to increase your water intake, exercise and to eat the fibrous foods. You were also informed that the Tramadol prescription was to expire on 10/31/12. On 11/09/12 you were prescribed Milk of Magnesia and on 11/29/12 you were prescribed Fiber Lax caplets. After further complaints of constipation you had a negative abdomínal series and a normal CBC. Per policy only one issue will be addressed per grievance. The issue of constipation and your treatment is the issue addressed. This grievance is without merit. You were assessed and you refused the recommended treatment."

You disagree with this response in your December 10 appeal because the response is false. You claim you were not offered Bisacodyl or Colace, only prune juice, coffee, and milk of magnesia which you refused because they were not prescribed or from a pharmacy. You state you were seen by Dr. Bishop on November 29 and she prescribed Fiber Lax Caplets and ordered you a follow-up in one week, but Ms. Hunt trying to keep you from your follow-ups with Dr. Bishop.

The abdominal series taken on November 25 found a non-obstructed bowel gas pattern, physiologic (normal) amounts of stool in the colon; there were no significant findings. Your December 17 screening for occult rectal blood was negative. You were transferred from the North Central Unit and have been seen by the provider, Ms. Carswell. You did not complain of constipation during your January 28, 2013 encounter, and your Tramadol order expired October 31, 2012.

There is no evidence to support your accusation that Ms. Hunt is trying to keep you from seeing a provider. The prune juice, coffee, and Milk of Magnesia you were offered are standard protocol for complaints of constipation and you were seen by providers on the following dates for complaints of constipation: November 19, 27, 29, December 11, 17, and January 8.

I encourage you to cooperate with the treatment prescribed by medical staff. While you may not agree with it, sometimes simple measures such as increasing your fluid intake and drinking prune juice can be highly effective in relieving constipation.

Your appeal is without merit.

Director

UNIT LEVEL GRIEVANCE FORM (Attachment I)	FOR OFFICE USE ONLY
Unit/Center North Central Unit	\a\
Name Karl Carks	GRV. # NE-12-00496
ADC# 099771 Brks # 12 Job Assignment 128 2012+0	Date Received: 11 28 12
	GRV. Code #: <u>600</u>
(-13-12 (Date) STEP ONE: Informal Resolution Grievance Office	
I → I → (Date) STEP TWO: Formal Grievance (All complaints/concerns	should first be handled informally.)
has fall to give me the proper examination for a medical problems	ecause, North Central medical Staff
a substantial risk of physical harm; emergency grievances are not for ordinal	s one in which you may be subject to
a substantial risk of physical harm; emergency grievances are not for ordina	ary problems that are not of a serious
nature). If you marked yes, give this completed form to the designated prob	olem-solving staff who will sign the
attached emergency receipt. If an Emergency, state why: Because His me	dictional emissions and serious
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involved and how you were affected. (Please Print): This complete is based of	ing health andless that may have hoose
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IGTT430 3GD

Attachment VI

INMATE NAME: Carter, Karl B.

ADC #: 099771

GRIEVANCE#:NC-12-00496

You submitted three grievances from November 23 to December 10, 2012, complaining of multiple symptoms including constipation, stomach cramps, and headaches, after being prescribed Tramadol in October. You claim the x-rays you received are inadequate to diagnose your digestive problem. You assert a CT scan in 2011 revealed an angulation in your lower sacrum, and noted that if you were focally symptomatic in those areas further evaluation with an MRI could be considered clinically indicated. You complain that the x-ray machine at the NCU must be inadequate, defective or it malfunctioned. You complained that a practitioner told you there was no sign of infection or disease in a blood sample Nurse Shelby sent to a lab in Calico Rock.

The medical department noted the treatment you had received including being offered Bisacodyl, Colace, and prune juice during your October 31 sick call encounter, prescribed Milk of Magnesia on November 9, and Fiber Lax caplets on Novmber 29; your lab, abdominal series were normal; the x-ray machine was certified, and the results read by a certified/licensed and experienced radiologist who found no obstruction. NC-12-00496 and NC-12-00501 were found without merit; NC-12-00514 was rejected by the grievance officer as a duplicate.

A consult for an MRI was submitted on July 6 and returned with a recommendation to treat conservatively on site and monitor for change in neuro examination. During her July 23 follow-up to discuss the conservative treatment for your back, Dr. Bishop updated your physical with the following restrictions: Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing; Restrict assignment requiring strenuous physical activity for periods in excess of 0 hours; Restrict assignment requiring handling, lifting of heavy materials in excess of 15 lbs or requiring overhead work for a period in excess of 2 hours; and one arm duty with no stairs. You have been monitored closely since that time and were seen by providers for complaints related to your back on August 8, October 1 and 23; and for constipation on November 19, 27, 29, December 11, 17, and January 8. You were seen for acid reflux on January 28, 2013. Your November 25 abdominal x-rays revealed a non-obstructive bowel gas pattern with relatively little bowel gas and physiologic (normal) amounts of stool in your colon. There were no significant abnormalities found. Your December 17 stool sample was negative for occult (hidden) blood. Your specific complaint of constipation was addressed in NC-12-00477 and found without merit.

You are being evaluated for all of your current complaints and treated as deemed appropriate and clinically indicated based on your provider's medical judgement. If you continue to have problems, I encourage you to submit a sick call request for further evaluation by a provider.

NC-12-00496, NC-12-00501, and NC-12-00514 are without merit.

Director

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IGTT430 3GD

Attachment VI

INMATE NAME: Carter, Karl B.

ADC #: 099771

GRIEVANCE#:NC-12-00501

You submitted three grievances from November 23 to December 10, 2012, complaining of multiple symptoms including constipation, stomach cramps, and headaches, after being prescribed Tramadol in October. You claim the x-rays you received are inadequate to diagnose your digestive problem. You assert a CT scan in 2011 revealed an angulation in your lower sacrum, and noted that if you were focally symptomatic in those areas further evaluation with an MRI could be considered clinically indicated. You complain that the x-ray machine at the NCU must be inadequate, defective or it malfunctioned. You complained that a practitioner told you there was no sign of infection or disease in a blood sample Nurse Shelby sent to a lab in Calico Rock.

The medical department noted the treatment you had received including being offered Bisacodyl, Colace, and prune juice during your October 31 sick call encounter, prescribed Milk of Magnesia on November 9, and Fiber Lax caplets on November 29; your lab, abdominal series were normal; the x-ray machine was certified, and the results read by a certified/licensed and experienced radiologist who found no obstruction. NC-12-00496 and NC-12-00501 were found without merit; NC-12-00514 was rejected by the grievance officer as a duplicate.

A consult for an MRI was submitted on July 6 and returned with a recommendation to treat conservatively on site and monitor for change in neuro examination. During her July 23 follow-up to discuss the conservative treatment for your back, Dr. Bishop updated your physical with the following restrictions: Restrict assignment requiring prolonged crawling, stooping, running, jumping, walking or standing; Restrict assignment requiring strenuous physical activity for periods in excess of 0 hours; Restrict assignment requiring handling, lifting of heavy materials in excess of 15 lbs or requiring overhead work for a period in excess of 2 hours; and one arm duty with no stairs. You have been monitored closely since that time and were seen by providers for complaints related to your back on August 8, October 1 and 23; and for constipation on November 19, 27, 29, December 11, 17, and January 8. You were seen for acid reflux on January 28, 2013. Your November 25 abdominal x-rays revealed a non-obstructive bowel gas pattern with relatively little bowel gas and physiologic (normal) amounts of stool in your colon. There were no significant abnormalities found. Your December 17 stool sample was negative for occult (hidden) blood. Your specific complaint of constipation was addressed in NC-12-00477 and found without merit.

You are being evaluated for all of your current complaints and treated as deemed appropriate and clinically indicated based on your provider's medical judgement. If you continue to have problems, I encourage you to submit a sick call request for further evaluation by a provider.

NC-12-00496, NC-12-00501, and NC-12-00514 are without merit.

Director

"NO RESPONSE NECESSARY UNIT LEVEL GRAEVANCYE PORTOP AMA	Document 2 Filed 08/26/13	(≥/1≥/12 Page 19 of 23 ) /
Unit/Center M.C.U.	chment I) Received	FOR OFFICE USE ONLY
Name Karl Carter	DEC 1 1 2012	GRV. # NC-12-00514
	Job Assignm Grievahora Porter	Date Received: 12/11/17
[2 <u>-10-12</u> (Date) STEP ONE: Informal Resol	Office	GRV. Code #: <u>600</u>
(2-19- (Date) STEP TWO: Formal Grieva	ance (All complaints/concerns sho	ould first be handled informally.)
and this medical department are going to such as out side treatment. I have (Date) EMERGENCY GRIEVANC	l during Step One, state why: Recathrough a Stow process of alving me been going through this problem to CE (An emergency situation is one	The proper examanation  The pr
a substantial risk of physical harm, emergency	y grievances are not for ordinary ni	problems that are not of a serious
nature). If you marked yes, give this complete attached emergency receipt. If an Emergency	ed form to the designated problem-	-solving staff, who will sign the
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to Inmate After Completion of Step One and S	step Two.	JIIICEI; URIGINAL-UIVEWEWSA

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IGTT430 3GD

Attachment VI

INMATE NAME: Carter, Karl B.

ADC #: 099771

GRIEVANCE#:NC-12-00514

You submitted three grievances from November 23 to December 10, 2012, complaining of multiple symptoms including constipation, stomach cramps, and headaches, after being prescribed Tramadol in October. You claim the x-rays you received are inadequate to diagnose your digestive problem. You assert a CT scan in 2011 revealed an angulation in your lower sacrum, and noted that if you were focally symptomatic in those areas further evaluation with an MRI could be considered clinically indicated. You complain that the x-ray machine at the NCU must be inadequate, defective or it malfunctioned. You complained that a practitioner told you there was no sign of infection or disease in a blood sample Nurse Shelby sent to a lab in Calico Rock.

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You are being evaluated for all of your current complaints and treated as deemed appropriate and clinically indicated based on your provider's medical judgement. If you continue to have problems, I encourage you to submit a sick call request for further evaluation by a provider.

NC-12-00496, NC-12-00501, and NC-12-00514 are without merit.

Director

JNIT LEVEL GRIEVANCE FORM (Attachment I)	FOR OFFICE USE ONLY
Init/Center Tucker	GRV. # TU-13-8627/
Name <u>KARI Carter</u>	Date Received: 6/11/13
ADC# 099771 Brks # 6A Job Assignment VO-Tech	
	GRV. Code #: <u>(000</u>
-7-13 (Date) STEP ONE: Informal Resolution	
-/0-B (Date) STEP TWO: Formal Grievance (All complaints/concerns should	ld first be handled informally.)
If the issue was not resolved during Step One, state why: <b>Beca</b>	USE I contenue with chrest PHANS
(Date) EMERGENCY GRIEVANCE (An emergency situation is one	in which you may be subject to work
a substantial risk of physical harm; emergency grievances are not for ordinary pro	oblems that are not of a serious
nature). If you marked yes, give this completed form to the designated problem-	solving staff, who will sign the
attached emergency receipt. If an Emergency, state why:	
Is this Grievance concerning Medical or Mental Health Services? If yes,	circle one medical or mental
BRIEFLY state your one complaint/concern and be specific as to the complaint,	date, place, name of personner
involved and how you were affected. (Please Print): ON 6-20-12, Isubmit	red a SIGK GHII AT NOTTA
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getting worse · ON 4-22-13, I were given LAB and stock test and it cam	De BACK WITH IT POY LOTH HAD GOD
Stomach infection, which is the medical problem I suffered from 6-20-10	LAHANDSTALPNITOLONITOLONIS
MOSTA Central medical department fail to give proper exams such as medical problem which shows deliberate in difference to a serious me	CICIM NICCA IT NHY CHUSCO METO
1 Marin a classical Marinal for Themalace MAST4-26-12, LSUBMITTED a SICK CALL TOL	rastomach problem and welc
missing labitest at diagnostic. I received the results on 5-31-12 at Nicula	STATED TANA NO NEED FOR CHINICAL
follow up, which were folse, because I contenued suffering stomach problems .	
11006	-/3
The Signature Date	
Inmate Signature  If you are harmed/threatened because of your use of the grievance process, report it	immediately to the Warden or designee
THIS SECTION TO BE FILLED OUT BY SIA	FF UNLY
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of the person in that department receiving this form:	a Many Dawy
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LIXEDUMOS 51A	Date Regeived
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IGTT420 3GH

INMATE NAME: <u>Carter, Karl B.</u>

ADC #: 099771E

GRIEVANCE #: TU-13-00271

Attachment IV

#### HEALTH SERVICES RESPONSE TO UNIT LEVEL GRIEVANCE

### (619)

Your grievance states, "On 6/20/12, I submitted a sick call at North Central Unit medical department for chest and stomach and constipation, and were seen by Dr. Bishop four times, and never had a lab nor stool test. I continued sick calls and doctor calls for eight times, and only were giving tums, malox and zantac. I suggered with a stomach infection called hpyiori antigen for (8) eight months, because N.C.U medial staff frail to preform the proper exams such as Lab and stool test. On 12/12/12, I were transferred to Tucker Unit, and forced to start the medical process all over at Tucker medical department, which started on 12/13/12. I were treated with stomach medication by Dr. Pepper, but my medical problem keep getting worse. On 4/22/13, I were given lab and stool test and it came back with tpyiori Antigen stomach infection, which is the medical problem I suggered from 6/20/12 at North Central Unit North Central medical department fail to give proper exams such as lab and stool for a serious medical problem which shows deliberate indifference to a serious medical need, that caused me to suffer a stomach infection for 8 months. On 4/26/12, I submitted a sick call for a stomach problem and were giving a lab test at diaonostic. I received results on 5/31/12 at N.C.U stated that no need for clinical follow up, which were false, because I continued suffering stomach problems."

You also state, "Because I continue with chest pains and stomach problems and constipation and NCU medical did not give me proper exams which made problem worse"

According to the grievance policy, The unit level grievance form (attachment 1) shall be completed and submitted within 15 days after the occurrence of the incident, with the date beside step 1: informal resolution"filled in. Therefore your complaints regarding North Central unit are out of time frame.

In regards to your concerns about your ongoing chest pains, stomach problems and constipation you are now being seen by medical staff at the Tucker Unit.

You were seen by licensed medical staff on the following dates for your complaints of stomach pain, Chest pain, and constipation: 12-17-12, 1-8-13, 1-28-13, 2-25-13, 2-28-13, 3-13-13, 3-14-13, 3-15-13, 4-15-13, 4-17-13, 4-30-13, 5-13-13, 5-23-13, 5-31-13, and 6-5-13.

You are being seen by licensed medical staff regarding chest pains, constipation, and stomach problems.

Therefore, this grievance is without merit. Please continue to utilize the sick call process. TAILURE TO FOLLOW

Ramena Thap

POLICY HAS RESULTED IN A REJECTION FOR THIS APPEAL AND MARKS THE END OF THE APPEAL PROCESS

Signature of Health Services Administrator/Mental Health Supervisor or Designee

Ramona A Huff

06/13/2013

Title

RECEIPED-DEPUTY DIRECTOR ARKANSAS DEPARTMENT OF CORRECTION

**INMATE'S APPEAL** 

JUN 1 9 2013

If you are not satisfied with this response, you may appeal this decision within five working days by the information requested below and mailing it to the Deputy Director for Health & Correctional Programs along with the Unit Level Grievance Form. Keep in mind that you are appealing the decision to the original grievance. Do not

Page 1 of 2

IGTT420

Page 1 of 1

IGTT405 3GT Attachment V

## ACKNOWLEDGEMENT OF GRIEVANCE APPEAL or REJECTION OF APPEAL

TO: Inmate <u>Carter, Karl B.</u>

ADC #: 099771E

FROM: Kelley, Wendy L

TITLE: Deputy Director

RE: Receipt of Grievance TU-13-00271

DATE: 06/20/2013

Please be advised, the appeal of your grievance dated  $\frac{06/07/2013}{\text{was received in my office on this date}}$ 

Your grievance appeal is being returned pursuant to the Administrative Directive on Inmate Grievances due to one of the following:

The time allowed for appeal has expired

The matter is non-grievable and does not involve retaliation:

(a) Parole and/or Release matter

(b) Transfer

(c) Job Assignment unrelated to medical restriction

(d) Disciplinary matter

(e) Matter beyond the Department's control and/or matter of State/Federal law

(f) Involves an anticipated event

You did not send all the proper Attachments:

(a) Unit Level Grievance Form (Attachment 1)

(b) Warden's/Center Supervisor's Decision (Attachment III); or Health Services Response Attached (Attachment IV for Health Issues Only)

(c) Did not give reason for disagreement in space provided for appeal

(d) Did not complete Attachment III or IV with your name, ADC#, and/or date

(e) Unsanitary form(s) or documents received

(f) This Appeal was REJECTED because it was

untimely

https://eomiscluster.state.ar.us:7002/eomis/interface\_2\_0\_clearPage.jsp?skipBodyClass=Y